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CONFIRMATION NO. 8003

Bib Data Sheet

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| SERIAL NUMBER 09/842,458 | FILING OR 371(c) DATE 04/26/2001 RULE | CLASS 604 | GROUP ART UNIT 3763 | ATTORNEY DOCKET NO. STD 00.02 |
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/199,714 04/26/2000

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ****

** 06/18/2001

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|---------------------------------|--|------------------|----------------|--------------|--------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance | MA | 12 | 10 | 3 |
| Verified and Acknowledged | Examiner's Signature _____ Initials _____ | | | | |

ADDRESS

32047

TITLE

IMPLANTABLE HEMODIALYSIS ACCESS DEVICE

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|----------------------------|---|---|
| FILING FEE RECEIVED 720 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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